

## SALESPERSON TERMINATION NOTICE

From: Dealership Name \_\_\_\_\_

Please Type:

Name

Last 4 Digits of SS#

Terminated Date

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

**NOTE TO EMPLOYER:** Please return this page within ten days upon termination of employment.

Email or Fax Termination Form to:  
**Oklahoma Motor Vehicle Commission**  
email@omvc.ok.gov

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